MS Independent Study Proposal Form
Department of Electrical and Computer Engineering
College of Engineering, Boston University

Student Name: ____________________________ BU ID Number: ____________

Supervising Instructor’s Name (in print): ____________________________ Department: ________

Semester and Year of Registration (circle one):  Fall  Spring  Summer  Year: ______________

Proposed Number of Credits: ______

Brief summary of directed study/independent work:
(e.g., to conduct research in the field of..., to prepare a thesis on..., to design a..., to fulfill requirements for [course #] independently, to study [subject matter] independently, etc.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Attach detailed summary of directed study/independent work:
A one page proposal or detailed summary of goals, signed and dated by your supervising instructor must be attached to this form. Undergraduate students must include how their work will be evaluated/assessed and graded (e.g., Project, paper, etc.).

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Student’s Signature ________________________________________________________________

Supervising Instructor’s Signature ______________________________________________________

ECE Department Use Only:

Master’s Committee Approval ____________________________ Date __________

Return completed form including proposal page and attached detailed summary to Academic Program Manager, 8 St. Mary’s St, PHO324.